••	3	<b>S</b> (S)							•	10	0	239	60		
PATENT APPLICATION FFF DETERMINATION RECORD											Application or Docket Number				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS			35					RATE		FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE		370.00	OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			35 minus 20=		. 15			X\$ 9=			ОЯ	X\$18=	270.00		
INDEPENDENT CLAIMS			7 min	us 3 =				X42=			OR	X84=			
MU	LTIPLE DEPENI	DENT CLAIM PR	ESENT						+140=		OR	+280=			
• #	the difference i	in column 1 is le	ess than zero, enter "0" is			olumn 2	•	TOTA	L	•	OR	TOTAL			
CLAIMS AS AMENDED - PART II (Cotumn 1) (Cotumn 2) (Cotumn 3)								SMA	LLE	NTITY	OR	OTHER SMALL			
MTA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CLAIMS REMAINING AFTER AMENDMENT		HIG NUL PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE)		
AMENDMENT	Total	. 27	Minus	- 2	35	- /		X\$ 9	=		OR	X\$18=	./		
Ä	Independent	. 3	Minus	data.	3	-/	·	X42			OR	X84=			
	FIRST PRESE	NTATION OF ML	ILTIPLE DEPENDENT CLAIM					+140	,	1	OR	+280=			
							l		7AL	-	OR	YOYAL ADDIT, FEE	/		
•	111617	(Column 1)		(Colu	umn 2)	(Column 3)		ADDIT. 1	- 25			ADDIT. FCL	7		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 29	Minus	<b>6</b> 11	35	• つ		X\$ 9	ŭ		OR	X\$18=			
	Independent	• 3	Minus	<b>***</b> (	3			X42			OR	X84=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ل ل	+140	)= -		ОЯ	+280=			
								TÖ ADDIT. I	YAL		OR	TOTAL ADDIT, FEE			
	(Column 1) (Column 2) (Column 3)										_				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PRE\	HEST MBER VIOUSLY D FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	***		•		XS 9	)=		OR	X\$18=			
	Independent	•	Minus	***			4	X42	=		OR	X84=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+140	)=		OR	+280=			
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

FORM PTO-875 (Rev. 8/01)